ÎN Î

FEB 1 5 2006

| under the Paperwork Reduction Act of 1995, no pers       | ons are required to res   | U.S. Patent and Tradepha | PTO/SB/21 (09-04)  red for use through 07/31/2006. OMB 0651-0031  ark Office; U.S. DEPARTMENT OF COMMERCE tition unless it displays a valid OMB control number.   |
|--|---|--------------------------|---|
|  |   | Application Number       | 10/631,932  |
| TRANSMITT  | AL  | Filing Date              | July 30, 2003   |
| FORM   |   | First Named Inventor     | Takeshi KAMIKAWA  |
| (to be used for all correspondence after initial filing) |   | Art Unit                 | 2677  |
|  |   | Examiner Name            | T. Sheng  |
| Total Number of Pages in This Submission 16              |   | Attorney Docket Number   | <sup>er</sup> 299002051701  |
| EN   | CLOSURES  | Check all that app       | ly)   |
| X Fee Transmittal Form (1 page in duplicate)             | Drawing(s)  |                          | After Allowance Communication to TC   |
| Fee Attached   | Licensing-related Papers  |                          | Appeal Communication to Board of Appeals and Interferences  |
| X Amendment/Reply (12 pages)                             | Petition  |                          | Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  |
| After Final  | Petition to Convert to a Provisional Application                  |                          | Proprietary Information   |
| Affidavits/declaration(s)                                | Power of Attorney, Revocation<br>Change of Correspondence Address |                          | Status Letter   |
| Extension of Time Request                                | X Terminal Disclaimer (1 page)                                    |                          | X Other Enclosure(s) (please Identify below):   |
| Express Abandonment Request                              | Request for Refund  |                          | Return Receipt Postcard   |
| Information Disclosure Statement                         | CD, Number  | of CD(s)                 |   |
| Certified Copy of Priority Document(s)                   | Landso  | cape Table on CD         |   |
| Reply to Missing Parts/<br>Incomplete Application        | Remarks   |                          | 7 11 A P 12 A P |
| Reply to Missing Parts under 37 CFR 1.52 or 1.53         |   |                          |   |
|  |   |                          |   |
| CICNATI  | IDE OF ADDI IO  | ANT ATTORNEY OF          | ACENT   |

|                          | e is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV534436249US, adment, Commission of Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date |  |
|--------------------------|--|--|
| Dated: February 15, 2006 | Signature: (Georgina Matos)  |  |
|                          |  |  |

(Customer No. 25226)

47,063

Reg. No.

Firm Name

Signature

Date

Printed name

MORRISON & FOERSTER LLP

Mark E. Schmidt

February 15, 2006

PTO/SB/17 (12-04v2)
Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE to a collection of information unless it displays a valid OMB control unpher

| <b>4</b>   | Act of 1555,        | no person are required | lo respond to a            |                   | omplete if Knov           |               | ontroi number. |  |
|--|---------------------|------------------------|----------------------------|-------------------|---------------------------|---------------|----------------|--|
| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). |                     |                        | Applicati                  |                   |                           | 10/631,932    |                |  |
| FEE TRANSMITTAL  |                     |                        |                            |                   |                           | July 30, 2003 |                |  |
| ì  | First Named Inves   |                        |                            | Takeshi KAMI      | KAWA                      |               |                |  |
| For FY 2005  |                     |                        |                            |                   |                           | T. Sheng      |                |  |
| Applicant claims small entity status. See 37 CFR 1.27  |                     |                        |                            |                   | 2677                      |               |                |  |
| TOTAL AMOUNT OF P  | AYMENT (            | \$) 180.00             | Attorney                   | Docket No.        | 29900205170               | 1             |                |  |
| METHOD OF PAYM   | ENT (check all th   | nat apply)             |                            |                   |                           |               |                |  |
| Check Credi  | t Card M            | oney Order             | Ione                       | Other (please id  | entify):                  |               |                |  |
| x Deposit Account  |                     | • —                    |                            |                   | forrison & Foers          | ter LLP       |                |  |
|  |                     | ccount, the Directo    | _                          |                   |                           |               |                |  |
| 1  | e(s) indicated belo |                        | is nereby a                |                   | indicated below, e        |               | e filing fee   |  |
| X Charge an  | y additional fee(s  | ) or underpayment      | of x                       | Credit any ove    |                           | •             |                |  |
| fee(s) und   | er 37 CFR 1.16 a    | and 1.17               |                            |                   | ·F / ····                 |               | , <del>.</del> |  |
| FEE CALCULATION  |                     |                        |                            |                   |                           |               |                |  |
| 1. BASIC FILING, SEAF  | ,                   |                        | EARCH FE                   | EC EVAN           | MINIATION EEES            | •             |                |  |
|  |                     | Small Entity           |                            | Entity            | INATION FEES Small Entity | )             |                |  |
| Application Type   | Fee (\$)            | Fee (\$) Fee           |                            | (\$) Fee (\$      |                           | Fees Pa       | aid (\$)       |  |
| Utility  | 300                 | 150 50                 | 0 25                       | 50 200            | 100                       |               |                |  |
| Design   | 200                 | 100 10                 | 0 :                        | 50 130            | 65                        |               |                |  |
| Plant  | 200                 | 100 30                 | 0 1:                       | 50 160            | 80                        |               |                |  |
| Reissue  | 300                 | 150 50                 | 0 2:                       | 50 600            | 300                       |               |                |  |
| Provisional  | 200                 | 100                    | 0                          | 0 0               | 0                         |               |                |  |
| 2. EXCESS CLAIM FEE  | s                   |                        |                            |                   |                           | 5             | Small Entity   |  |
| Fee Description  |                     |                        |                            |                   |                           | Fee (\$)      | Fee (\$)       |  |
| Each claim over 20 (inc  | luding Reissues)    |                        |                            |                   |                           | 50            | 25             |  |
| Each independent claim   | over 3 (includin    | g Reissues)            |                            |                   |                           | 200           | 100            |  |
| Multiple dependent clair   | ms                  |                        |                            |                   |                           | 360           | 180            |  |
| Total Claims Ex  | tra Claims F        | ee (\$) Fe             | e Paid (\$)                |                   | Multiple Depend           | ent Claims    |                |  |
| 21 -20=  | 1 x 5               | 0.00 =                 | 50.00                      |                   | Fee (\$)                  | Fee Paid (\$) |                |  |
|  |                     |                        |                            |                   | 360.00                    | 0.00          | _              |  |
| Indep. Claims Ex   | tra Claims F        | ee (\$) Fe             | e Paid (\$)                | <u></u>           |                           |               |                |  |
| 4 -4=  | 0 × 20              | 00.00 =                | 0.00                       | <u></u>           |                           |               |                |  |
| 3. APPLICATION SIZE  | FEE                 |                        |                            |                   |                           |               |                |  |
| If the specification and   |                     |                        |                            |                   |                           |               |                |  |
| listings under 37 Cl   |                     |                        |                            |                   | l entity) for each        | additional 50 |                |  |
| sheets or fraction th  |                     |                        |                            |                   |                           |               |                |  |
| Total Sheets   | Extra Sheets        | /50                    |                            | to a whole number |                           | Fee P         | aid (\$)       |  |
| 4. OTHER FEE(S)  |                     |                        | (,ou                       | to a vinoio namb  |                           | Fees F        | Paid (\$)      |  |
| Non-English Specifi  | cation, \$130 fee   | e (no small entity d   | scount)                    |                   |                           |               |                |  |
| Other (e.g., late filin  | g surcharge): 18    | 314 Statutory Disc     | laimer                     |                   |                           | 130           | 0.00           |  |
| SUBMITTED BY   |                     | . ,                    |                            |                   |                           |               |                |  |
| Signature M  | wh to               | hmist                  | Registratio<br>(Attorney/A |                   | 3 Telephone               | (650) 813     |                |  |
| Name (Print/Type) Mark   | E Schmidt           |                        |                            | <del></del>       | Data                      | Echruani 1    | F 0000         |  |

| SUBMITTED BY      |                 |   | , ,  |                                      |        |           |                   |
|-------------------|-----------------|---|------|--------------------------------------|--------|-----------|-------------------|
| Signature         | Mark            | h | midt | Registration No.<br>(Attorney/Agent) | 47,063 | Telephone | (650) 813-5828    |
| Name (Print/Type) | Mark E. Schmidt |   |      |                                      |        | Date      | February 15, 2006 |